

Tracking Training: The Nike Approach

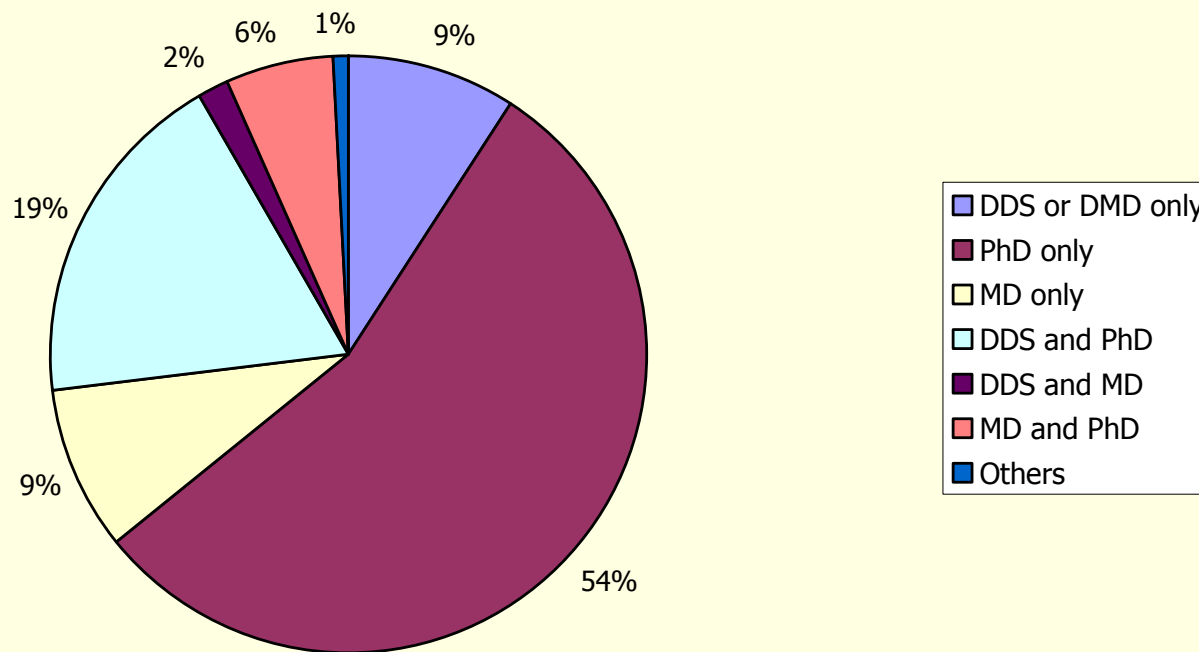
NIDCR
Office of Science Policy and Analysis

Background

- Examples of oral health research:
 - Dental diseases (tooth decay, gum disease)
 - Oral, head and neck cancers
 - Craniofacial diseases (cleft lip and palate)
 - Chronic diseases (Sjogren's syndrome, TMJD)
 - Salivary research (diagnostics)
 - Oral transmission of infection
 - Oral manifestations of systemic diseases (HIV, osteoporosis, diabetes)
 - Oral health as a risk factor for systemic diseases

Background

NIDCR supports researchers with wide range of academic backgrounds

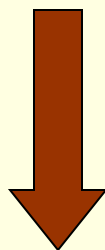


Background

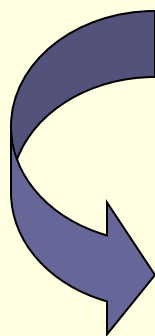
- Many challenges and issues affect nation's capacity to conduct oral health research. For example:
 - Aging of population, and of investigators;
 - Need to capitalize on advances in genomics, proteomics
 - Need to overcome oral health disparities;
 - Opportunity to move advances in basic research into clinical trials
 - In some specialized areas, institutional research capacity is limited (it's a small world)

Goals and Objectives for Training

NIDCR Strategic Plan



**Investigators
(Human Capital)**



Oral Health Research

Training Program Goals and Objectives



Training Program Goals and Objectives



Training Program Goals and Objectives



Goals and Objectives for Training: Investigators

The next generation must include sufficient numbers of investigators who:

- Are skilled in basic biomedical research;
- Can capably conduct clinical research, especially clinical trials;
- Have been trained as oral health clinicians, especially dentists;
- Are knowledgeable in oral health disparities research;
- Come from diverse backgrounds.

Objectives:

1. Describe the characteristics of current and former participants in NIDCR training programs;
2. Describe the research produced by current and former participants in NIDCR training programs;
3. Identify factors associated with the development of oral health research careers generally, and in specific areas addressed by the NIDCR strategic plan.

Data Collection of All NIDCR-Funded Trainees, 2003—2005 (and beyond)

- Dates of training (can calculate duration)
- Level of training (pre-doc, post-doc)
- Type of research on training grant (basic, clinical, other)
- Other research area on training grant (public health, behavioral, genomics/proteomics, engineering, health disparities)
- Race and ethnicity
- Degree (before, during and after training)
- Participation in DSTP training

Data Collection of All NIDCR-Funded Trainees, 2003—2005 (and beyond)

- Full NIH grant and application history
- Full publication history
- Career survey for former trainees (planned)
 - Type of employment
 - What percent of their time is spent conducting research?
 - Do they conduct oral health research?
 - Type of department/school – including joint appointments
 - Funding sources utilized

Key Implementation Issues (i.e. Nuts and Bolts)

- Quality control and verification is key, especially for IMPAC II data
 - If it directly relates to cutting checks (appointment dates, tuition data, etc.), it is usually good
 - If it does not directly relate to cutting checks (degrees, gender, etc.), it is often poor quality
 - Double identifiers are common
- Progress reports are not standardized
- Publication data must be checked and verified
- Looking outside NIDCR was more difficult, but sometimes needed
- Updating is far easier than doing it the first time
- Abstracting was not as time-consuming as we thought

Food for Thought in the short term

- Difference in diversity between short-term and long-term training groups
- Identifying common “feeder” schools for trainees
- Duration of post-docs
- Variation across institutions, even those schools with apparently similar programs